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Excelsior College Examination
Content Guide for

**Health Restoration:
Area I and Area II
(Baccalaureate Level)**

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Important information to help you prepare for the Health Restoration: Area I and Health Restoration: Area II exams

■ Uses for the Examinations

Excelsior College, the test developer, recommends granting four (4) semester hours of upper-level undergraduate credit for each Health Restoration examination to students who receive a letter grade of C or higher. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize these exams as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking either exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

■ Examination Length and Scoring

Each examination consists of approximately 160 four-option multiple-choice questions, some of which are unscored, pretest questions. You will have three (3) hours to complete each examination. Since you will not be able to tell which questions are being pretested, you should do your best on all of them. Scores are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

■ Examination Administration

Our examinations are administered by computer at Prometric Testing Centers®* throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. The examinations are also administered at approved international testing centers. To receive information concerning testing dates, locations, and fees, contact Excelsior College.

■ Computer-Delivered Testing

If you are testing at a Prometric Testing Center®,* your exam will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

The system used for our computer-delivered testing is designed to be as user-friendly as possible, even for those with little or no computer experience. Instructions provided on-screen are similar to those you would receive in a paper examination booklet. In addition, before the timed portion of your examination begins, you may choose to complete a tutorial that orients you to the computer testing environment and

gives you the opportunity to try each feature before using it in questions that will be scored. You will be instructed in how to use the mouse, the keyboard, and different parts of the screen. We encourage you to take advantage of this tutorial. If you have access to the Web, you can view the screens that you will see in the tutorial, or actually download a copy of a similar tutorial to practice with, from the Excelsior College Web site (www.excelsior.edu).

■ Warning About Third-Party Services

Excelsior College is a nonprofit educational service organization, and has no affiliation with, nor does it endorse or recommend, any profit-making education counseling centers. Initial counseling and advising for college degrees is usually provided FREE by degree-granting institutions. Students wishing to demonstrate college-level learning by taking Excelsior College Examinations can receive their FREE copies of the appropriate content guides by requesting them from Excelsior College.

■ Definitions

For purposes of either examination, the following definitions are used in each content outline:

I. Client System

- A. An individual is a single human being as contrasted with a family or community.
- B. A family is "two or more individuals, belonging to the same or different kinship groups, who are involved in a continuous living arrangement, usually residing in the same household, experiencing common emotional bonds, and sharing certain obligations toward each other and toward others."

Stanhope, M., & Lancaster, J. (1996). *Community health nursing: Promoting health of aggregates, families, and individuals* (4th ed.). St. Louis: Mosby, p. 453.

- C. A community is a "locality-based entity, composed of systems of formal organizations reflecting societal institutions, informal groups, and aggregates. These components are interdependent and their function is to meet a wide variety of collective needs."

Stanhope, M., & Lancaster, J. (1996). *Community health nursing: Promoting health of aggregates, families, and individuals* (4th ed.). St. Louis: Mosby, p. 290.

*formerly Sylvan Technology Centers®

2. Nursing Process

- A. Assessment is the process of gathering and synthesizing data about the client's health status.
- B. Analysis is the identification of the client problem (nursing diagnosis) and the determination of the expected outcomes (goals) of client care.
- C. Planning is the formulation of specific strategies to achieve the expected outcomes.
- D. Implementation is the carrying out of nursing plans designed to move the client toward the expected outcomes.
- E. Evaluation is the appraisal of the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes.

■ Note Concerning Wording of Nursing Diagnoses

The North American Nursing Diagnosis Association (NANDA) continually revises and updates its listing of diagnostic categories, defining characteristics, and etiological factors. For example, between 1989 and 1991 the term "potential for" was revised to "high risk for." In 1994, the term was revised to "risk for." Questions on the examination that include nursing diagnoses are not intended to test your knowledge of current wording or phrasing. The questions are intended to test your ability to recognize nursing diagnoses that result from nursing assessments. For the purposes of the examination, all diagnoses should be considered correctly worded, even if a newer version of the diagnosis is being used by NANDA.

Health Restoration: Area I

General Description of the Health Restoration: Area I Examination

The Excelsior College Examination in Health Restoration: Area I is part of a two-examination series. Health Restoration: Area I and Health Restoration: Area II test your ability to apply the nursing process in caring for clients with major health problems. While the client may be the individual, the family, or the community, emphasis for this examination is placed on the individual at all stages of the life cycle. The examination tests the ability to utilize critical thinking for clinical decisions in the application of the nursing process.

The concepts that support health restoration are included in content area I of Health Restoration: Area I. These concepts serve as a foundation for the content covered in content areas II–VII of Health Restoration: Area I and in all content areas of Health Restoration: Area II.

A variety of theories from nursing and related disciplines can be identified that will give the professional nurse a strong base of knowledge on which to practice. The major nursing theorists most applicable to the Health Restoration: Area I examination are Sister Callista Roy, Dorothea Orem, and Virginia Henderson. The organizing framework underlying all of their theories includes the concepts of client, health, nursing, and environment.

■ Health Restoration: Area I Examination Objectives

You will be expected to demonstrate the ability to:

1. utilize the nursing process to assist the client in dealing with major health problems by:
 - a. assessing the client's health status;
 - b. analyzing assessment data to identify the client's health care needs/problems and to determine expected client outcomes;
 - c. formulating a plan to achieve the expected outcomes;
 - d. implementing the appropriate plan;
 - e. evaluating the effectiveness of an intervention in terms of outcome achievement;
2. synthesize knowledge from the humanities, social sciences, natural sciences, and nursing science in the practice of professional nursing;
3. apply knowledge of culture and recognition of the client's value system.

Content Outline

The major content areas on the examination and the percent of the examination devoted to each content area are listed below.

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Concepts that Support Health Restoration	5%
II. Cardiovascular and Hematologic Problems	20%
III. Respiratory Problems	15%
IV. Neoplasms and Hematologic Malignancies	20%
V. Traumatic Injuries and Multisystem Failure	10%
VI. Endocrine and Metabolic Problems	15%
VII. Immune System Problems	15%
Total	100%

The content areas dimension of the examination must be considered in the context of a multicultural society in which responses of the client (individual, family, and community) to health problems are influenced by widely varying social norms, cultural values, religious beliefs, age- and gender-related attitudes, and socioeconomic circumstances. Nursing care decisions are made in consideration of all these complex factors.

In content areas II–VII, illustrative examples are included for each step of the nursing process. The content of the examination is not limited to these examples.

I. Concepts that Support Health Restoration (5%)

- A. Chronic illness
- B. Rehabilitation
- C. Pain and symptom management
- D. Inflammation and infection
- E. Self-care and self-monitoring
- F. Fluids and electrolytes and acid-base balance
- G. Tissue perfusion and oxygenation

II. Cardiovascular and Hematologic Problems (20%)

This area focuses on conditions such as aneurysm, dysrhythmias, cardiogenic shock, congenital heart anomalies, congestive heart failure, coronary artery disease, acquired valvular disease, hemophilia, hypertension, myocardial infarction, peripheral vascular disease, pernicious anemia, sickle cell disease, tetralogy of Fallot, thalassemia, arteriosclerosis, atherosclerosis, and stasis ulcers.

A. The Individual: nursing care of the individual with a cardiovascular or hematologic problem

1. Assessment (for example: discussing sexual attitudes and practices with a client who has coronary artery disease; assessing for signs of reduced cardiac output in a client with cardiogenic shock or congestive heart failure; monitoring continuously for rate, rhythm, and changes in PR, QRS, and QT intervals in a client with conduction defect; observing for characteristics of myocardial pain in a client with reduced coronary blood flow; assessing the impact

of cultural and environmental factors in a client with myocardial pain; assessing the spiritual significance of cardiac illness to a client; assessing for signs of allograft rejection in a client with a cardiac transplant; monitoring for hypercyanotic spells in an infant with tetralogy of Fallot; assessing circulation following cardiac catheterization; assessing use of over-the-counter drugs or herbal preparations for a client on anticoagulants)

2. Analysis (for example: analyzing for signs of noncompliance in a client with congestive heart failure, clarifying attitudes and emotional reactions toward the treatment regimen in a client receiving antihypertensive medications, analyzing response to the dietary and antilipemic drug regimen in a client with coronary artery disease, formulating a nursing diagnosis of pain related to vaso-occlusive crisis in a child with sickle cell disease, identifying individuals at high risk for cardiovascular disease)
3. Planning (for example: preparing a teaching plan about signs and symptoms of digoxin toxicity for a child with congestive heart failure, developing pharmacologic and non-pharmacologic strategies to prevent constipation in a client after myocardial infarction, developing strategies to reduce sleep-pattern disturbance in a client following cardiac surgery, anticipating the need to use morphine sulfate in a client experiencing anxiety related to pulmonary edema, planning strategies to provide adequate rest periods and to decrease oxygen consumption in a client experiencing activity intolerance related to anemia, preparing a teaching plan about post cardiac catheterization recovery, discharge planning for cardiac rehabilitation program)
4. Implementation (for example: instituting therapeutic interventions to relieve pain in a client with chronic peripheral vascular disease; teaching methods to minimize adverse reactions of medications to a client with a cardiac disorder; advising about how to use herbs and nonirritating

spices to flavor foods and improve appetite in a client on a controlled sodium diet due to congestive heart failure; teaching strategies to reduce identified risk factors of atherosclerosis in a client with coronary artery disease; encouraging client involvement in decision making to reduce feelings of powerlessness in a client recovering from cardiac surgery; teaching the client with hypertension the importance of maintaining the medical regimen; encouraging alternative ways of expressing intimacy in a client with concerns about sexuality due to chronic congestive heart failure; providing information about the effects of medication, disease process, and/or surgery on sexual functioning to a client scheduled for abdominal aortic aneurysm repair; arranging for pastoral services for a client with advanced cardiac disease; administering antiarrhythmics, inotropic agents, vasodilators, diuretics, anticoagulants, or other cardiac-related drugs to a client with a cardiac disorder; teaching about the reason for the muddy yellow complexion to a child with thalassemia; administering blood to a client with pernicious anemia)

5. Evaluation (for example: evaluating the response to the medication regimen aimed at relieving pain in a client with angina pectoris, determining the effectiveness of nonpharmacologic therapeutic interventions in a client with peripheral vascular disease, evaluating the effectiveness of care given to the client with congestive heart failure)

B. The Family: nursing care of the family with a member who has a cardiovascular or hematologic problem

1. Assessment (for example: assessing feelings of anger and powerlessness in a family with a member on a life-support system, eliciting feelings about a do-not-resuscitate decision in a family with a member who has cardiomyopathy, assessing risk for cardiac anomalies in a family)

2. Analysis (for example: identifying the need for social support services for a family with a member who has advanced congestive heart failure, formulating a nursing diagnosis of powerlessness for the family of a neonate who has transposition of the great vessels and is being maintained on life support)
3. Planning (for example: planning strategies to encourage recreational and diversional activities for a family with a member who has severe peripheral vascular disease)
4. Implementation/monitoring (for example: teaching about expected psychological responses to a family with a child recovering from corrective cardiac surgery; teaching about discharge precautions to a family with a member who has had a permanent pacemaker or defibrillator implanted; providing orientation to the coronary care unit environment for a family member who has myocardial infarction; promoting effective coping skills in a family with a child who has hemophilia; teaching a family with a history of hypertensive disease the appropriate preventive and screening measures)
5. Evaluation (for example: evaluating the effectiveness of teaching about the use of medical equipment in a family with a child who has a congenital heart anomaly, evaluating the family's ability to care for a family member with end-stage cardiac disease)

C. The Community: nursing care in the community with individuals who have cardiovascular or hematologic problems

1. Assessment (for example: identifying community resources to provide cardiopulmonary resuscitation classes, identifying availability of heart-healthy nutrition programs)
2. Analysis (for example: identifying the need for community support groups such as Mended Hearts, analyzing the fat content of a meal plan in a senior citizen center)

3. Planning (for example: promoting community programs for a culturally diverse population of individuals with cardiac problems; identifying community resources to provide information, support, and counseling for individuals with sickle cell disease; planning a cardiac screening program for a group of older adults)
4. Implementation (for example: teaching a community about the need for organ procurement to support cardiac transplant programs)
5. Evaluation (for example: evaluating the allocation of community resources for older adults who have cardiac problems, evaluating community response to a blood drive)

III. Respiratory Problems (15%)

This area focuses on conditions affecting the respiratory system, such as adult respiratory distress syndrome, bronchiolitis, bronchopulmonary dysplasia, chronic obstructive pulmonary disease, cystic fibrosis, laryngotracheobronchitis, tuberculosis, *Pneumocystis carinii* pneumonia, pneumonia, pulmonary embolus, sudden infant death syndrome, lung abscesses, atelectasis, and tracheoesophageal fistula.

A. The Individual: nursing care of the individual with a respiratory problem

1. Assessment (for example: assessing for evidence of impending airway obstruction in a child with laryngotracheobronchitis, identifying alterations of normal respiratory patterns in an older adult client with chronic obstructive pulmonary disease, observing for mediastinal shift in a client with pneumothorax, observing physiologic parameters in a client following a lobectomy, assessing for alterations in body temperature in a child with bronchiolitis, determining the extent of activity tolerance in a client with chronic obstructive pulmonary disease, monitoring for evidence of increasing respiratory distress in an adolescent with cystic fibrosis)

2. Analysis (for example: categorizing behaviors that indicate unresolved conflict over dependency in a client who has emphysema and who is unable to work, anticipating complications in a client with drug-resistant pneumonia, identifying indicators of powerlessness in a client who has adult respiratory distress syndrome and is ventilator dependent, formulating a nursing diagnosis of impaired gas exchange related to increased mucus production for a child with cystic fibrosis, analyzing laboratory data for a client with impaired gas exchange related to pulmonary embolus, correlating clinical data with laboratory data to ascertain the status of a toddler with epiglottitis, analyzing the response to dietary and corticosteroid drug therapy in a client with chronic obstructive pulmonary disease, formulating a nursing diagnosis of altered sexuality patterns related to infertility for a male client with cystic fibrosis)
 3. Planning (for example: planning strategies to prevent hypostatic pneumonia in a client on prolonged bed rest, planning strategies to promote adequate fluid balance in an infant with bronchiolitis, planning measures to reduce the drying effect of oxygen therapy on mucous membranes in a client with a tracheotomy, prioritizing interventions for a client with pneumothorax due to a ruptured emphysematous bleb, collaborating with the client to determine long-term outcomes related to managing home maintenance for a client with chronic obstructive pulmonary disease, developing a teaching plan about the therapeutic use of oxygen for a client with chronic obstructive pulmonary disease)
 4. Implementation (for example: administering care to a client with acute pulmonary edema following lung surgery; intervening immediately to minimize physical injury in a client with a pulmonary embolus; undertaking measures to restore fluid balance in a child with bronchiolitis; teaching about exercises to reduce dyspnea in a client with chronic obstructive pulmonary disease; supporting efforts to achieve positive body image in a client with chronic obstructive pulmonary disease; minimizing the potential for nutritional deficits in an adolescent with fever and vomiting related to bronchitis; supporting the grief process in a client who is in the terminal phases of *Pneumocystis carinii* pneumonia; intervening promptly in the event of an impaired airway for a client with stasis of secretions secondary to atelectasis; providing comfort measures for a client after pneumonectomy; promoting rest for a client following the insertion of chest tubes; administering bronchodilators, corticosteroids, and mucolytic expectorants to a client with chronic obstructive pulmonary disease; administering expectorants and antibiotics to a child with cystic fibrosis)
 5. Evaluation (for example: evaluating the effectiveness of exercises to improve respiratory function in a client with chronic obstructive pulmonary disease; evaluating the effectiveness of teaching about alternative ways of expressing intimacy in a client with weakness and fatigue related to chronic dyspnea; evaluating the effectiveness of bronchodilators, corticosteroids, and mucolytic expectorants in a client with chronic obstructive pulmonary disease; comparing the effectiveness of planned interventions with intended outcomes for a client with bronchopulmonary dysplasia)
- B. The Family: nursing care of the family with a member who has a respiratory problem**
1. Assessment (for example: assessing understanding of infection transmission in a family with a member who has tuberculosis, assessing coping in a family with a member who has end-stage respiratory disease)
 2. Analysis (for example: identifying a family's strengths in coping with the needs of a child who is ventilator dependent following an aborted episode of sudden infant death syndrome, formulating a nursing diagnosis of altered parenting related to the presence of life-

threatening chronic illness for the parents of a child with cystic fibrosis)

3. Planning (for example: developing a teaching plan for a family who is caring for a member with a tracheostomy, developing a therapy plan for a client with COPD)
4. Implementation (for example: teaching methods of home care to a family with a child who has bronchopulmonary dysplasia and is on mechanical ventilation, referring a family to a support group for caretakers of persons with chronic pulmonary disease, collaborating with a family to minimize the social isolation of a member who has end-stage respiratory disease, teaching the family of a client with tuberculosis the importance of screening)
5. Evaluation (for example: evaluating a spouse's satisfaction with the alterations in sexual patterns of a client with chronic obstructive pulmonary disease, evaluating a family's effectiveness in caring for a child on mechanical ventilation)

C. The Community: nursing care in the community with individuals who have respiratory problems

1. Assessment (for example: assessing a community's resources related to the needs of individuals requiring assistance with home oxygen therapy, assessing level of environmental pollutants in a community with high rates of respiratory illness)
2. Analysis (for example: identifying the cultural and economic factors that contribute to a community's response to the needs of individuals with *Pneumocystis carinii* pneumonia)
3. Planning (for example: developing a plan to provide information about environmental hazards to individuals with severe respiratory problems)
4. Implementation (for example: conducting educational programs regarding pertussis immunization for groups of individuals with chronic respiratory disease)

5. Evaluation (for example: evaluating the effectiveness of educational programs in raising community awareness about the health maintenance needs of individuals with respiratory conditions)

IV. Neoplasms and Hematologic Malignancies (20%)

This area focuses on conditions such as bladder cancer, brain cancer, breast cancer, cervical cancer, colorectal cancer, Ewing's sarcoma, head and neck cancer, Hodgkin's disease, leukemias, lung cancer, lymphomas, malignant melanoma, neuroblastoma, osteogenic sarcoma, ovarian cancer, prostate cancer, retinoblastoma, rhabdomyosarcoma, skin cancer, testicular cancer, uterine cancer, and Wilms' tumor.

A. The Individual: nursing care of the individual with a neoplasm or hematologic malignancy

1. Assessment (for example: assessing the psychosocial response to a diagnosis of cancer in a child with Wilms' tumor, exploring alternative communication patterns for an older adult client with a laryngectomy, determining the level of activity tolerance in a child receiving chemotherapy, assessing for complications from the treatment regimen in a client with testicular cancer, identifying indications of lymphedema in a client recovering from surgery for breast cancer, identifying medications that mask the signs and symptoms of infection in a client receiving treatment for cancer)
2. Analysis (for example: identifying factors related to self-esteem disturbance in a male client with a recent ostomy, determining the impact of impaired thought processes in a middle-aged client who has lung cancer and is unable to return to work, analyzing diagnostic laboratory data for a client with advanced cancer who is confused and is vomiting, analyzing sleep-pattern disturbance in an adolescent with osteogenic sarcoma, identifying altered elimination patterns in a client recovering from a prostatectomy)

3. Planning (for example: planning measures to reduce the risk of infection in a client receiving chemotherapy for treatment of ovarian cancer, planning interventions to promote nutrition in a client receiving chemotherapy for treatment of cancer, developing strategies to minimize bleeding in a client who has leukemia and a reduced platelet count, developing strategies to reduce the risk of pathological fractures in a client with multiple myeloma)
4. Implementation (for example: providing instruction about how to perform breast self-examination to a client who has had surgery for breast cancer, providing instruction about how to perform ostomy care to a client following abdominal surgery for cancer, providing instruction about skin care to a client receiving radiation therapy to the chest wall for treatment of breast cancer, teaching adolescent males the importance of testicular self-examination, suggesting dietary interventions to a client with stomatitis related to chemotherapy, monitoring for a transfusion reaction in a client who has undergone a bone marrow transplant and who is receiving a platelet transfusion, monitoring the response to narcotic pain medication in a client with metastatic colon cancer, teaching measures to reduce fatigue to a client with Hodgkin's disease, providing information on support groups such as Reach to Recovery and the Look Good...Feel Better program to a client with breast cancer, providing information about how to cope with alopecia to a client with cancer, inspecting the intravenous site in a child receiving chemotherapy for treatment of retinoblastoma)
5. Evaluation (for example: evaluating the degree of constipation in a client who has cancer and who is receiving morphine, evaluating lymphedema in a client who had breast surgery five years ago and has been wearing a compression sleeve, evaluating the understanding of measures to reduce infection by a client recovering from a bone marrow transplant, evaluating exertional dyspnea and pulse oximetry

findings in a client with lung cancer, evaluating the ability to perform self-care in a client who has had a urinary diversion, evaluating for evidence of bone marrow suppression in a child receiving chemotherapy for treatment of Wilms' tumor)

B. The Family: nursing care of the family with a member who has a neoplasm or hematologic malignancy

1. Assessment (for example: exploring resources available to assist a family in providing home care for a client with advanced cancer, assessing a family's ability to cope with a recent diagnosis of retinoblastoma in their toddler, determining a family's willingness to utilize support groups following the death of a parent)
2. Analysis (for example: analyzing a family's ability to make decisions regarding advance directives, analyzing the adjustment of a single parent family with a child undergoing treatment for leukemia)
3. Planning (for example: planning instruction for families regarding long-term effects of chemotherapy on children, planning counseling to discuss the impact of chemotherapy on childbearing for a couple in which the husband is undergoing chemotherapy, planning measures to assist children in understanding how a diagnosis of neuroblastoma in a sibling will affect them, planning instruction about home care for the spouse of a client who is receiving feedings via a percutaneous endoscopic gastrostomy, planning counseling to assist a family in adjusting to a member's bone marrow transplant)
4. Implementation (for example: providing instruction about ostomy care to a couple with one partner who has colorectal cancer, monitoring a family's ability to minimize the potential for infection in a child receiving chemotherapy)

5. Evaluation (for example: evaluating a family's ability to assess and utilize resources and bereavement support groups following the death of their child)

C. The Community: nursing care in the community with individuals who have neoplasms or hematologic malignancies

1. Assessment (for example: assessing the availability of cancer information and cancer support groups such as the National Coalition for Cancer Survivorship, the American Cancer Society, and the Leukemia Society of America in a community, assessing cancer rates and types in a community)
2. Analysis (for example: determining the availability of image resources in a community for individuals with cancer, determining the availability of hospice resources in a community to assist families in caring for individuals with cancer)
3. Planning (for example: planning cancer rehabilitation services and support in a community, collaborating with community leaders to provide high-technological services for individuals with cancer who live in rural settings)
4. Implementation (for example: providing information to the community about the National Cancer Institute toll-free hot line, providing community counseling and support programs for individuals and families with cancer in conjunction with organizations such as the United Ostomy Association, implementing a cancer awareness program in the community)
5. Evaluation (for example: evaluating the utilization of community support groups and resources by individuals with cancer)

V. Traumatic Injuries and Multisystem Failure (10%)

This area focuses on conditions such as burns, disseminated intravascular coagulation, drug overdose, fat emboli, foreign body aspiration, frostbite, motor vehicle accidents, near-drowning, poisoning, septic shock, hemorrhagic shock, traumatic amputations, and wounds of violence.

A. The Individual: nursing care of the individual with a traumatic injury or multisystem failure

1. Assessment (for example: assessing for indications of hypovolemic shock in a client with massive injuries following a motor vehicle accident, investigating the health history of a client who has a history of insulin-dependent diabetes mellitus [type I] and has 45% deep partial-thickness [second-degree] and full thickness [third-degree] burns, assessing for suspected poisoning in a toddler, determining indicators of inhalation injury in a client with burns resulting from a fire, assessing neurovascular function of the involved limb in a client with a gunshot wound of the thigh, assessing for complications of acid-base imbalance in a client with dehydration and starvation, assessing for signs and symptoms of gastrointestinal hemorrhage in a client recovering from major burns)
2. Analysis (for example: formulating nursing diagnoses for a client with 25% full-thickness [third-degree] burns; analyzing the results of radiographic examinations, laboratory tests, or special procedures for a client with blunt abdominal trauma; anticipating respiratory complications in a client with burns due to a blast injury; correlating laboratory and clinical data for a client with a drug overdose; identifying relevant laboratory data related to acid-base imbalance in a client with chemical burns; interpreting the arterial blood gas results of a client with near-drowning; analyzing urinalysis data to determine urinary tract involvement in a client with a stab wound of the lower abdomen)

3. Planning (for example: determining outcomes for the nutritional needs of a client with 60% deep partial-thickness [second-degree] and full-thickness [third-degree] burns, identifying nursing interventions to assist a client in adjusting to disfiguring wounds, developing outcomes related to ambulation for a client with a traumatic above-the-knee amputation, planning for the protection from injury of a client with seizures related to a drug overdose, collaborating with the respiratory therapist to meet the oxygenation needs of a client with near-drowning, anticipating the need for asepsis in performing procedures on a client with 80% body surface area burns)
4. Implementation (for example: implementing nonpharmacologic pain control measures to assist a client with severe burns in coping with pain, monitoring for gastrointestinal complications in a client with blunt abdominal trauma, providing for fluid replacement in a client with major burns, teaching about potential complications to a client with frostbite, explaining the need to promptly report any symptoms of impaired respiration to a client with foreign body aspiration, monitoring for evidence of hemorrhage in a client at risk for developing disseminated intravascular coagulation, administering histamine H2 receptor antagonists as prophylaxis against Curling's stress ulcer in a client with burns over 40% of the body surface area, monitoring for indicators of septic shock in a client with massive infection following major trauma, caring for donor sites in a client undergoing skin grafting procedures)
5. Evaluation (for example: determining the effectiveness of interventions to prevent contractures in a client with major burns, evaluating the effectiveness of teaching about possible sources of hemorrhage in a client at risk for disseminated intravascular coagulation, evaluating the effectiveness of proteolytic enzymes in the debridement of

wounds in a client with burns of the hands, ascertaining the effectiveness of interventions for a client with a drug overdose)

B. The Family: nursing care of the family with a member who has a traumatic injury or multisystem failure

1. Assessment (for example: interviewing a family about precipitating factors related to the fall of an older adult member, performing a home safety assessment)
2. Analysis (for example: formulating nursing diagnoses for the family of a child who sustained an accidental drug overdose, identifying unsafe behaviors in a family)
3. Planning (for example: involving the family as well as the client in developing a care plan for a client who has been involved in a motor vehicle accident when driving while intoxicated, developing a discharge teaching plan for the family with a member who has inhalation burns)
4. Implementation (for example: providing support to the family of a severely injured child to aid them in coping with feelings of powerlessness, implementing a teaching plan for a family with a member who has major burns, including the family when intervening in a consistent manner to reduce excessively controlling behavior in a member in long-term traction, referring a family for counseling following a child's attempted suicide)
5. Evaluation (for example: evaluating the ability to cope in a family with a member who has been disfigured by severe burns, evaluating a family's response to the diagnosis of multisystem failure in a family member)

C. The Community: nursing care in the community with individuals who have traumatic injuries or multisystem failures

1. Assessment (for example: assessing community needs for instruction about the emergency care of individuals with traumatic injuries)

2. Analysis (for example: analyzing plans for prehospital care of employees who sustain chemical injuries in the workplace)
3. Planning (for example: collaborating with community leaders to develop a plan for individuals being transported by emergency medical services)
4. Implementation (for example: conducting community education programs about the care of individuals with suspected poisoning)
5. Evaluation (for example: evaluating the effectiveness of community teaching programs about the care of traumatically amputated body parts to allow for later replantation)

VI. Endocrine and Metabolic Problems (15%)

This area focuses on conditions such as acromegaly, Addison's disease, adrenal insufficiency, biliary atresia, cirrhosis, Cushing's syndrome, diabetes mellitus, hyperthyroidism, hypoparathyroidism, inborn errors of metabolism, pancreatitis, premenstrual syndrome, phenylketonuria, and syndrome of inappropriate antidiuretic hormone.

A. The Individual: nursing care of the individual with an endocrine or metabolic problem

1. Assessment (for example: assessing for compliance with the prescribed insulin regimen in an adolescent client with insulin-dependent diabetes mellitus [type I], identifying signs and symptoms of anabolic steroids use in an adolescent athlete, assessing for factors that precipitate uncomfortable symptoms in a client with premenstrual syndrome, monitoring for signs of complications in a client who has had a thyroidectomy, identifying subjective evidence of body image changes in a client with Cushing's syndrome, collecting assessment data indicating complications in a client with hypothyroidism, assessing for signs of complications of immunosuppression in a client who has had a liver transplant, monitoring for hyponatremia in a client with syndrome of inappropriate antidiuretic hormone)
2. Analysis (for example: formulating a nursing diagnosis for a client with fluid imbalance related to diabetic ketoacidosis, analyzing signs of Addisonian crisis in a client who is dependent on steroids, analyzing evidence of sexual dysfunction in a client with diabetes mellitus, differentiating between hypoglycemia and hyperglycemia in a symptomatic client with insulin-dependent diabetes mellitus [type I])
3. Planning (for example: specifying outcomes for the nutritional management of a client with cirrhosis, developing a teaching plan about the use of an insulin pump for a client with insulin-dependent diabetes mellitus [type I], developing a teaching plan about hormone therapy for a client who is postmenopausal, collaborating with a client and a nutritionist to develop a plan for compliance with the American Dietetic Association diabetic diet, planning nutritional support for a client who has acute pancreatitis, planning for protection from injury in a client with osteoporosis secondary to hyperparathyroidism)
4. Implementation (for example: teaching about the importance of fluid replacement to a client with adrenal insufficiency, promoting foot care for a client with noninsulin-dependent diabetes mellitus [type II], instructing about methods to prevent constipation in a client with hypothyroidism, intervening to reduce the risk of impaired skin integrity in a client on long-term corticosteroid therapy, facilitating diet modification in a client with end-stage liver disease, managing fluid and blood replacement therapy for a client with bleeding esophageal varices, teaching management of insulin therapy to a client with an islet cell transplant, supporting efforts to acquire effective methods of coping with stress by a client with adrenal insufficiency, assisting a child with phenylketonuria to live a normal lifestyle within dietary restrictions, intervening to relieve abdominal pain in

a client with acute pancreatitis, teaching injury prevention to a client experiencing sensory loss related to advanced diabetes mellitus, teaching about the effects of oral hypoglycemic agents to a client with noninsulin-dependent diabetes mellitus [type II], teaching clients regarding blood levels of glycosylated hemoglobin)

5. Evaluation (for example: collecting data to determine the effectiveness of self-monitoring in a client with insulin-dependent diabetes mellitus [type I], evaluating the effectiveness of nutritional and fluid support in a client with acute pancreatitis, evaluating client satisfaction with lifestyle changes related to a diagnosis of cirrhosis, evaluating the effectiveness of glucagon administered to a client with profound hypoglycemia, evaluating the effectiveness of an insulin pump used in treatment of an adolescent with insulin-dependent diabetes mellitus [type I])

B. The Family: nursing care of the family with a member who has an endocrine or metabolic problem

1. Assessment (for example: gathering data related to environmental stressors in a family with a member who has an adrenal disorder)
2. Analysis (for example: analyzing the support system in a family with a member who has end-stage liver disease)
3. Planning (for example: supporting family efforts to promote normal growth and development in an infant with an inborn error of metabolism)
4. Implementation (for example: teaching about early signs of physiologic stress to a family with a member who has Addison's disease; teaching the balancing of activity, diet, and insulin therapy for the family with a child who has insulin-dependent diabetes mellitus [type I])
5. Evaluation (for example: reassessing the needs of a family with a member who has chronic pancreatitis)

C. The Community: nursing care in the community with individuals who have endocrine or metabolic problems

1. Assessment (for example: identifying community resources available to provide support to individuals with diabetes mellitus)
2. Analysis (for example: identifying a community's need to be taught about the recognition and use of medical identification bracelets for individuals with endocrine disorders)
3. Planning (for example: facilitating goal setting in a community with children who have special needs related to endocrine disorders)
4. Implementation (for example: teaching groups of individuals with diabetes mellitus more about the disorder, adapting American Dietetic Association guidelines to the cultural and ethnic needs of a community)
5. Evaluation (for example: evaluating the allocation of community resources for older adults with sensory deficits related to diabetes mellitus)

VII. Immune System Problems (15%)

This area focuses on conditions such as acquired immunodeficiency syndrome (AIDS), allergies, asthma, glomerulonephritis, human immunodeficiency virus, idiopathic thrombocytopenia purpura (ITP), mucocutaneous lymph node syndrome, polyarteritis nodosa, polymyositis, reactive airway disease, rheumatoid arthritis, scleroderma, and systemic lupus erythematosus.

A. The Individual: nursing care of the individual with an immune system problem

1. Assessment (for example: assessing for functional deficits in a client with scleroderma; assessing for fluid volume excess in a child with acute glomerulonephritis; collecting subjective and objective data to identify impaired swallowing in a client with systemic lupus erythematosus; observing for altered skin

- integrity in a client with systemic lupus erythematosus; observing for fluid volume deficit in a child with mucocutaneous lymph node syndrome; assessing for potential injury related to thrombocytopenia in a client with idiopathic thrombocytopenia purpura; assessing for impaired gas exchange in a client with asthma; assessing the risk for injury related to extreme muscle dysfunction and atrophy in a client with polymyositis; assessing for renal dysfunction related to renal vascular ischemia in a client with polyarteritis nodosa; assessing for evidence of increasing bronchospasm in a child with asthma)
2. Analysis (for example: formulating nursing diagnoses for a client with rheumatoid arthritis, anticipating a knowledge deficit in a client recently diagnosed with polyarteritis nodosa, identifying threats to self-concept in an adolescent client with rheumatoid arthritis, analyzing the physiologic response to beta adrenergic agents in a client with asthma, identifying impaired social interaction in an older adult client with rheumatoid arthritis, identifying feelings of powerlessness in a client with AIDS, identifying signs and symptoms related to leukopenia and steroid therapy in a client with systemic lupus erythematosus, anticipating altered sexual patterns related to chronic fatigue and pain in a client with systemic lupus erythematosus)
 3. Planning (for example: planning nursing interventions for a client with polyarteritis nodosa, planning strategies to minimize impaired skin integrity in a client with AIDS-related complex, planning strategies related to anticipatory grieving for a client with AIDS, preparing a teaching plan about the side effects of corticosteroids for the client with rheumatoid arthritis, developing a teaching plan about the use of inhalers for a client with asthma, specifying outcomes for nutritional management of a client with acute glomerulonephritis, developing outcomes for management of fatigue and chronic pain for a client with rheumatoid arthritis)
 4. Implementation (for example: providing emotional support during periods of reactive depression associated with corticosteroids for a client with an immune disorder; administering immune system modifiers to a client with human immunodeficiency virus or to a client following a transplant; intervening to resolve dependence/independence issues in an adolescent client with rheumatoid arthritis; facilitating the grieving process in a client with AIDS; promoting comfort in a client with scleroderma; teaching about environmental factors that may worsen the pulmonary condition in a client with allergies; assisting in the detection of altered oral mucous membranes related to Sjögren's syndrome in a client with systemic lupus erythematosus; assisting with activities of daily living for a client who is experiencing altered mobility related to scleroderma; teaching about the use of a metered dose inhaler that delivers a B-adrenergic agonist such as albuterol or metaproterenol to a child with asthma; monitoring oxygen saturation level with an oximeter and, when less than 95%, administering oxygen for a child with asthma; providing parenteral nutritional support for an infant with AIDS; providing supportive devices for an individual with severe rheumatoid arthritis)
 5. Evaluation (for example: evaluating the effectiveness of coping mechanisms related to social isolation in a client with AIDS, determining the effectiveness of racemic epinephrine in a client experiencing acute episodes of reactive airway disease, evaluating the effectiveness of immune system modifiers in a client with polyarteritis nodosa, evaluating the effectiveness of plasmapheresis in a client with an immune disorder, evaluating satisfaction with lifestyle changes in a client with newly diagnosed scleroderma, evaluating interventions to assist with self-concept related to altered role performance in a client with systemic lupus erythematosus, evaluating the effectiveness of Cox-2 inhibitors in a client with rheumatoid arthritis)

B. The Family: nursing care of the family with a member who has an immune system problem

1. Assessment (for example: assessing feelings of anger and powerlessness in a family with a member who has AIDS, assessing for a knowledge deficit related to the risk for opportunistic infection in a family with a member who has AIDS, assessing understanding of infection transmission in a family with a member who has *Pneumocystis carinii* pneumonia)
2. Analysis (for example: formulating a nursing diagnosis related to coping in a family with a member who has newly diagnosed reactive airway disease)
3. Planning (for example: planning strategies related to anticipatory grieving in a family with a member who has AIDS, developing a teaching plan about the medication regimen for the family of a child who has asthma)
4. Implementation (for example: implementing a teaching plan for a family with an infant born with severe combined immunodeficiencies, supporting a family who is providing home care for a member with severe rheumatoid arthritis, assisting a family in obtaining financial aid to meet health care needs for a member with AIDS)
5. Evaluation (for example: evaluating the effectiveness of a teaching plan about the medication regimen for a family with a member who has rheumatoid arthritis)

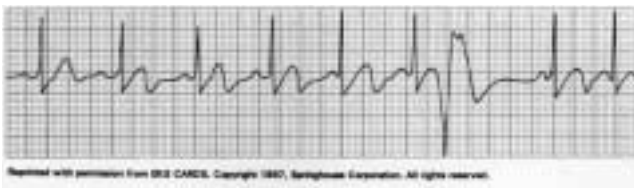
C. The Community: nursing care in the community with individuals who have immune system problems

1. Assessment (for example: assessing the availability of community-based programs for individuals with immune disorders)
2. Analysis (for example: analyzing the adjustment of a community with a growing population of individuals with AIDS)
3. Planning (for example: planning with community leaders to enhance accessibility of public buildings for individuals with physical challenges related to immune disorders)
4. Implementation (for example: fostering community-based support groups for individuals with human immunodeficiency virus)
5. Evaluation (for example: evaluating the effectiveness of community strategies to ensure adequate housing for individuals with AIDS, evaluating the accessibility of public buildings for individuals with mobility impairments)

Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on page 21.

- When evaluating a client's response to treatment for metabolic alkalosis, the nurse notes slow shallow respirations. The nurse should understand that this finding is due to which compensatory effort by the pulmonary system?
 - decreasing carbonic acid
 - decreasing oxygen needs
 - increasing bicarbonate levels
 - conserving carbon dioxide
- Which outcome indicates that therapy for a client with a fluid volume deficit has been effective?
The client
 - has a urine specific gravity of 1.040.
 - exhibits hemoconcentration.
 - exhibits normal skin turgor.
 - maintains low blood pressure
- A client is receiving epidural analgesia postoperatively. Which nursing intervention is most important?
 - Assess for constipation.
 - Observe for depressed respirations.
 - Check for increased blood pressure.
 - Monitor for bradycardia.
- Which dysrhythmia is represented in the following six-second rhythm strip?
 - asystole
 - atrial fibrillation
 - premature ventricular contraction
 - sinus tachycardia
- When preparing a care plan for a client admitted with a diagnosis of congestive heart failure, the nurse should give priority to which nursing diagnosis?
 - decreased cardiac output related to ventricular damage
 - ineffective breathing pattern related to fatigue
 - high risk for impaired skin integrity related to immobility secondary to bed rest
 - altered family processes related to hospitalization of parent
- A six-month-old infant has been taking digoxin elixir since birth. Which finding indicates that the infant may be developing toxicity to the ordered dosage?
 - resting apical heart rate of 90 bpm
 - vomiting with feedings
 - tetany
 - hypertension
- The nurse is auscultating the chest of a client following a right upper lobectomy for bronchogenic carcinoma. Which sign should alert the nurse to a potential problem?
 - bronchial breath sounds over the tracheal area
 - bilateral decreased breath sounds in the lung bases
 - absence of adventitious breath sounds
 - vesicular breath sounds bilaterally in the lung bases



8. Which is the most appropriate nursing intervention for an older adult client who develops a pulmonary embolism postoperatively?
Teach the client that
 - 1) heparin therapy is used to prevent formation of new clots.
 - 2) anticoagulant therapy is used to dissolve the pulmonary embolus.
 - 3) it is important to remain in a supine position to prevent emboli movement.
 - 4) blood is infused to increase hemoglobin and hematocrit levels.
9. Which early sign should the nurse expect to assess in a client experiencing hypoxia?
 - 1) confusion
 - 2) constricted pupils
 - 3) cyanosis
 - 4) enlarged liver
10. An adult client is admitted with bacterial pneumonia. Which dietary intervention should the nurse implement?
 - 1) Restrict fluids to no more than 1,500 cc per day.
 - 2) Institute a low-sodium, low-fat diet.
 - 3) Encourage at least 2 liters of fluid per day.
 - 4) Provide a mechanically soft diet high in vitamin A.
11. A client is receiving a standard chemotherapy regimen for treatment of leukemia. Following the treatment, the nurse should anticipate that the client will also require which intervention?
 - 1) Administer allopurinol (Zyloprim) for the treatment of hyperuricemia.
 - 2) Administer furosemide (Lasix) for the management of fluid retention.
 - 3) Administer phenytoin (Dilantin) for the management of drug-induced seizures.
 - 4) Administer heparin (Liquaemin Sodium) for the treatment of thrombocytopenia.
12. The nurse teaches a client and the client's wife about side effects of the radiation and chemotherapy used to treat the client's Hodgkin's disease. Which statement by the wife indicates that additional teaching is needed?
 - 1) "The nausea and vomiting will stop after therapy is completed."
 - 2) "We're planning to start a family as soon as the chemotherapy is finished."
 - 3) "I'll make certain that my husband wears loose clothes until the radiation therapy is finished."
 - 4) "We don't mind that the treatment may cause baldness. The hair will grow back quickly."
13. The nurse is collecting data from an adolescent client with suspected lymphoma. The nurse should assess the client for the presence of which symptoms?
 - 1) thirst, hepatomegaly, and diuresis
 - 2) weight loss, fever, and night sweats
 - 3) food hypersensitivity, tachypnea, and rash
 - 4) headache, constipation, and footdrop
14. The nurse is evaluating the effectiveness of fluid resuscitation for a client who sustained a burn injury 16 hours ago. Which finding indicates that fluid resuscitation efforts were effective?
 - 1) PaO₂ of 60 mm Hg
 - 2) blood pressure of 80/60
 - 3) urinary output of 35 cc/hr
 - 4) urine specific gravity of 1.450
15. Which nursing intervention is appropriate for the administration of continuous IV dopamine to a client who is in hypovolemic shock?
 - 1) Protect the drug container from light.
 - 2) Observe the client for tachydysrhythmias.
 - 3) Discontinue the IV when optimum blood pressure is attained.
 - 4) Select a small peripheral vein as the best infusion site.

16. Which nursing intervention should receive priority in the plan of care for a newly admitted client with head trauma?
 - 1) Elevate the head of the bed to decrease intracranial pressure.
 - 2) Start an intravenous line and begin D₅W.
 - 3) Maintain an open airway.
 - 4) Monitor for cerebrospinal fluid loss.
17. The nurse teaches a client about the health management of the early stage of cirrhosis. Which client statement indicates that the teaching was effective?
 - 1) "I have the lists of foods to eat, and I will take a small drink of wine before each meal to stimulate my appetite."
 - 2) "I know how to take the water pills at night, and limit my intake of meat, bananas, and eggs."
 - 3) "I realize that over-the-counter medications are not good for me, and I will take my diuretic according to your written guidelines."
 - 4) "I read the list of high-sodium foods, and I know that I should eat chicken baked and eggs poached."
18. A client has myxedema. Which client statement indicates an understanding of the nurse's teaching about levothyroxine (Synthroid) therapy?
 - 1) "I will take the medication until my symptoms are gone."
 - 2) "I know occasional chest pain will be normal while I'm taking the medication."
 - 3) "I should take my medication early in the morning."
 - 4) "I may need to increase my sleeping pill dose while I'm taking the medication."
19. When taking a health history from a client diagnosed as having hypothyroidism, the nurse should expect the client to report which of the following?
 - 1) extreme fatigue
 - 2) diarrhea
 - 3) heat intolerance
 - 4) muscle tremors
20. Which findings should alert the nurse to potential hypoglycemia in a client who is being treated with insulin for diabetes mellitus?
 - 1) nausea and vomiting
 - 2) sweating and tremors
 - 3) tachypnea and dehydration
 - 4) ketonuria and malaise
21. Which client response should alert the nurse to a potential problem in a client who is taking diphenhydramine hydrochloride (Benadryl) for allergies?
 - 1) dizziness
 - 2) dry mouth
 - 3) difficulty falling asleep
 - 4) increased alertness
22. When caring for a child who has newly diagnosed juvenile rheumatoid arthritis, the nurse should give priority to which goal?
 - 1) Enhance self-concept.
 - 2) Promote socialization.
 - 3) Reduce discomfort.
 - 4) Encourage self-care.
23. When assessing a client who has progressive systemic sclerosis with the CREST syndrome, the nurse should be most concerned about which finding?
 - 1) diarrhea
 - 2) dysphagia
 - 3) malaise
 - 4) pain

Learning Resources for Health Restoration: Area I

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 22. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Recommended Resources

Black, J., & Matassarin-Jacobs, E. (1997). *Medical-surgical nursing: Clinical management for continuity of care* (5th ed.). Philadelphia: W. B. Saunders.

Eisenhauer, L., et al. (1998). *Clinical pharmacology and nursing management* (5th ed.). Philadelphia: J.B. Lippincott.

Ignatavicius, D. et al. (1999). *Medical-surgical nursing across the health care continuum* (4th ed.). Philadelphia: W. B. Saunders.

Smeltzer, S., & Bare, B. (1996). *Brunner and Suddarth's Textbook of medical-surgical nursing* (8th ed.). Philadelphia: J. B. Lippincott.

Wong, D. (1999). *Whaley & Wong's Nursing care of infants and children* (6th ed.). St. Louis: Mosby.

Additional Resources

Textbooks

These textbooks are suggested to supplement your understanding of the material learned from the recommended resources.

Bastable, S. (1997). *Nurse as educator: Principles of teaching and learning*. Sudbury, MA: Jones & Bartlett.

Carpenito, L. (1997). *Nursing diagnosis: Application to clinical practice* (7th ed.). Philadelphia: J. B. Lippincott.

Chenitz, W., Stone, J., & Salisbury, S. (1991). *Clinical gerontological nursing: A guide to advanced practice*. Philadelphia: W. B. Saunders.

Clark, M.J. (1999). *Nursing in the community* (3rd ed.). Stamford, CT: Appleton & Lange.

Friedman, M. (1992). *Family nursing: Theory and practice* (3rd ed.). Norwalk, CT: Appleton & Lange.

Haber, J. et al. (1997). *Comprehensive psychiatric nursing* (6th ed.). St. Louis: Mosby.

Purnell, L., & Paulanka, B. (1998). *Transcultural health care*. Philadelphia: F.A. Davis.

Williams, S.R. (1997). *Nutrition and diet therapy* (8th ed.). St. Louis: Mosby.

Journal Articles

The articles listed below are arranged according to the content area to which they most apply. Journal articles are an important supplementary resource because they address those issues that are of interest to practicing nurses and provide “real world” examples of how the theory found in textbooks can be applied to actual clinical situations. The articles listed were selected because they are most current and particularly relevant to the content covered by this examination. Because journal articles tend to be written in a simple, straightforward manner, you may find them useful in explaining or expanding upon difficult concepts. You may also find them helpful in providing an “inside view” into unfamiliar areas of nursing practice. You are encouraged to read widely; you may find other articles of interest.

I. Concepts that Support Health Restoration

- Robinson, C.A. (1994). Nursing intervention with families. *Journal of Advanced Nursing*, 19(5), 897–904.
- Tasota, F.T. et al. (1994). Assessing ABG's: Maintaining the delicate balance. *Nursing* 94, 24(5), 34–46.
- Snelling, J. (1994). The effect of chronic pain on the family unit. *Journal of Advanced Nursing*, 19(3), 543–551.

II. Cardiovascular and Hematologic Problems

- Alleyne, J. et al. (1994). The management of sickle cell crisis pain as experienced by patients and their carers. *Journal of Advanced Nursing*, 19(4), 725–732.
- Josker, J. et al. (1994). Advance case studies in hemodynamic monitoring: Postoperative cardiovascular patients. *Critical Care Nursing Clinics in North America*, 6(1), 187–197.
- Baker, A. (1994). Acquired heart diseases in infants and children. *Critical Care Nursing Clinics in North America*, 6(10) 175–186.
- O'Neal, P.V. (1994). How to spot early signs of cardiogenic shock. *American Journal of Nursing*, 94(5), 36–41.
- Funk, M. et al. (1994). Predicting hospital mortality in patients with acute M.I. *American Journal of Critical Care*, 3(3), 168–176.
- Tong, E. et al. (1994). Special management issues for adolescents and young adults with congenital heart disease. *Critical Care Nursing Clinics in North America*, 6(1), 199–214.
- Hagenhoff, B.D. et al. (1994). Patient education needs as reported by CHF patients and their nurses. *Journal of Advanced Nursing*, 19(4), 685–690.

III. Respiratory Problems

- Esler, R. et al. (1994). Patient-centered pneumonia care: A case management success story. *American Journal of Nursing*, 94(11), 34–38.
- McKinney, B. (1994). Myths and facts...about pneumonia. *Nursing* 94, 24(5), 25.
- Hedrick, L.E. (1993). Pneumocystis carinii pneumonia: A look at treatment and prophylaxis. *Journal of Home Health Care Practice*, 6(1), 53–59.
- Robinson, K.S. (1993). Emergency! Resolving pulmonary edema. *American Journal of Nursing*, 93(12), 45.
- Kuhn, M.A. (1994). Multiple trauma with respiratory distress. *Critical Care Nurse*, 14(2), 68–72, 77–80.
- Whyte, D.A. (1992). The experience of families caring for a child with cystic fibrosis: A nursing response. *Journal of Clinical Nursing*, 1(3), 170.

IV. Neoplasms and Hematologic Malignancies

- DeLaney, T.F. (1994). Radiation therapy for the treatment of skin cancer of the head and neck. *Dermatologic Nursing*, 6(2), 104–111.
- Dest, V.M. et al. (1994). Breast cancer: Dreaded diagnosis, complicated care. *RN*, 57(6), 48–55.
- Dillon, P. (1994). *Ovarian cancer*. *Nursing* 94, 24(5), 66–69.
- Hagan, C., & Penrose-White, J. (1999). Common but curable: Responding to symptoms of testicular cancer. *Advance for Nurse Practitioners*, April, 25–30.
- Newton, C. et al. (1994). Uncertainty: Strategies for patients with brain tumors and their families. *Cancer Nursing*, 17(2), 137–140.
- Ruble, K. (1999). Long-term effects of childhood cancer. *Advance for Nurse Practitioners*, September, 49–56.
- Walker, R. (1993). Modeling and guided practice as components within a comprehensive testicular self-examination educational program for high school males. *Journal of Health Education*, 24(3), 162–168.

V. Traumatic Injuries and Multisystem Failure

- Hopkins, A.G. (1994). The trauma nurse's role with families in crisis. *Critical Care Nurse*, 14(2), 35–43.
- Reilly, E. et al. (1994). Multiple organ failure syndrome. *Critical Care Nurse*, 14(2), 25–26, 28–33.
- Russell, S. (1994). Septic shock: Can you recognize the clues? *Nursing* 94, 24(4), 40–46, 48.
- Sommers, M.S. (1994). The near death experience following multiple trauma. *Critical Care Nurse*, 14(2), 62–67.

VI. Endocrine and Metabolic Problems

- Andrews, G. (1994). Constructive advice for a poorly understood problem: Treatment and management of premenstrual syndrome. *Professional Nurse*, 9(6), 364–370.
- Corsetti, A., & Buhl, B. (1994). Managing thyroid storm. *Nursing* 94, 24(11), 39.
- Czenis, A.L. (1999). Thyroid disease in the elderly. *Advance for Nurse Practitioners*, September, 38–45.
- Duffield, P. (1994). Pediatric management problems...case of delayed puberty. *Pediatric Nursing*, 20(1), 54–55.
- Gusek, A. (1994). 10 commonly asked questions about diabetes. *American Journal of Nursing*, 94(2), 19–20.
- Schaller, J. (1994). ...about diabetic hypoglycemia. *Nursing* 94, 24(6), 67.

VII. Immune System Problems

- Henry, S.B. et al. (1994). The relationship between type of care planning system and patient outcomes in hospitalized AIDS patients. *Journal of Advanced Nursing*, 19(4), 691–698.
- Kuper, B., & Failla, S. (1994). Shedding new light on lupus. *American Journal of Nursing*, 94(11), 26–33.
- Peterson, K. et al. (1994). Interpreting lab values in chronic renal insufficiency. *American Journal of Nursing*, 94(5), 56B–56H.
- Smith, J.P. (1994). Care of asthma patients. *Journal of Advanced Nursing*, 19(4), 613.
- Weber, M. (1994). Thrombocytopenia. *American Journal of Nursing*, 94(11), 46.

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Key To Sample Questions for Health Restoration: Area I

Question	Key	Content Area ¹	Question	Key	Content Area ¹
1	4	IF	13	2	IVA1
2	3	IF	14	3	VA5
3	2	IC	15	2	VA4
4	3	IIA1	16	3	VA3
5	1	IIA4	17	3	VIA5
6	2	IIA1	18	3	VIA5
7	2	IIIA1	19	1	VIA1
8	1	IIIA4	20	2	VIA1
9	1	IIIA3	21	1	VIIA5
10	3	IIIA	22	3	VIIA1
11	1	IVA3	23	2	VIIA2
12	2	IVB5			

¹Content Area refers to the location of the question topic in the content outline.

Learning Resources help you prepare

Once you've selected the exams that are right for you, Excelsior College offers a number of resources to help you prepare for the exams.

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The **Excelsior College Bookstore** stocks the current editions of recommended textbooks for *all* examinations. In some cases, current editions will be more recent than those listed in this content guide. The Bookstore also offers resources in areas such as study strategies, personal planning, and stress reduction.

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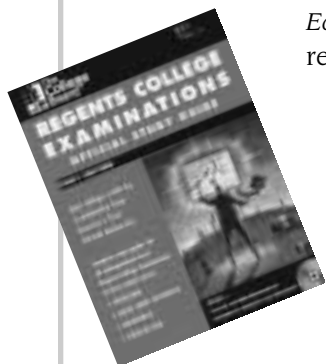
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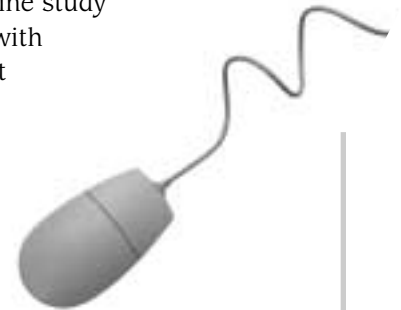
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Health Restoration: Area II

General Description of the Health Restoration: Area II Examination

The Excelsior College Examination in Health Restoration: Area II is part of a two-examination series. Health Restoration: Area I and Health Restoration: Area II test your ability to apply the nursing process in caring for clients with major health problems. While the client may be the individual, the family, or the community, emphasis is placed on the individual at all stages of the life cycle. The concepts that support health restoration are included in content area I of Health Restoration: Area I. These concepts serve as a foundation for the content covered in content areas II–VI of Health Restoration: Area I and in all content areas of Health Restoration: Area II.

A variety of theories from nursing and related disciplines can be identified that will give the professional nurse a strong base of knowledge on which to practice. The major nursing theorists most applicable to the Health Restoration: Area II examination are Sister Callista Roy, Dorothea Orem, and Virginia Henderson. The organizing framework underlying all of their theories includes the concepts of client, health, nursing, and environment. Some questions on the examination will test an understanding of nursing and other related theories.

■ Health Restoration: Area II Examination Objectives

You will be expected to demonstrate the ability to:

1. utilize the nursing process to assist the client in managing major health problems by:
 - a. assessing the client's health status;
 - b. analyzing assessment data to identify the client's health care needs/problems and to determine expected client outcomes;
 - c. formulating a plan to achieve the expected outcomes;
 - d. implementing the appropriate plan;
 - e. evaluating the effectiveness of an intervention in terms of outcome achievement;
2. synthesize knowledge from the humanities, social sciences, natural sciences, and nursing science in the practice of professional nursing;
3. apply knowledge of culture and recognition of the client's value system.

Content Outline

The major content areas on the examination and the percent of the examination devoted to each content area are listed below.

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Emotional and Behavioral Problems	25%
II. Neurological and Sensory Health Problems	20%
III. Gastrointestinal, Genitourinary, and Reproductive Health Problems	10%
IV. Infections and Communicable Diseases	20%
V. Complications of Pregnancy, Problems of the High-Risk Mother, and Problems of the High-Risk Neonate	15%
VI. Musculoskeletal Health Problems	10%
Total	100%

I. Emotional and Behavioral Problems (25%) (based on the categories of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition [DSM IV, 1994])

This area focuses on conditions such as disorders usually first diagnosed in infancy, childhood, or adolescence (including disorders related to learning, motor skills, attention-deficit and disruptive behavior, communication, feeding and eating, tic, elimination, and mental retardation); delirium, dementia, amnesia, and other cognitive disorders; substance-related disorders (including disorders related to alcohol ingestion, amphetamine use, cocaine use, and hallucinogen use); schizophrenia and other psychotic disorders; mood disorders; anxiety disorders; somatoform disorders; factitious disorders; dissociative disorders; sexual and gender identity disorders (including disorders related to sexual dysfunction and paraphilias); eating disorders; sleep disorders; impulse control disorders; adjustment disorders; personality disorders; trisomy 18 and trisomy 21.

A. The Individual: nursing care of the individual with an emotional or behavioral problem

1. Assessment (for example: identifying noncompliance with the medication regimen in a client with a bipolar disorder, observing for electrolyte imbalance in a

client receiving lithium carbonate, gathering data on the altered thought processes of a client with schizophrenia, assessing altered growth and development related to impaired cognitive function in a child with Down syndrome)

2. Analysis (for example: determining short-term outcomes for sleep pattern disturbance in a client with manic behavior, formulating nursing diagnoses for a client who has Alzheimer's disease and who is experiencing an alteration in orientation, defining long-term outcomes for a client with learning difficulties secondary to fetal alcohol syndrome)
3. Planning (for example: planning interventions to alleviate constipation in a client with depression, developing strategies to deal with health management problems in a client with chronic mental illness, collaborating on a "no suicide" contract with a client experiencing depression, determining priorities for nursing interventions for a client with a dual diagnosis of mental retardation and psychotic disorder, eliciting information from appropriate health team members in planning interventions for a client who has alcoholism and who is homeless)

4. Implementation (for example: promoting a safe environment for a client with self-destructive or assaultive behavior, enlisting the help of support groups for a client with memory deficits, facilitating compliance with the therapeutic regimen for a client with a somatoform disorder, explaining lithium carbonate to a client with a bipolar disorder, teaching nutrition to a client with alcoholism)
5. Evaluation (for example: revising the care plan for a client who is no longer delusional, determining outcome attainment for a client with an adjustment disorder, identifying alterations in the treatment regimen for a client with attention-deficit hyperactivity disorder, comparing actual outcomes to expected outcomes in a client who is manipulative, determining the degree of compliance with the medication regimen in a client with mania)

B. The Family: nursing care of the family with a member who has an emotional or behavioral problem

1. Assessment (for example: identifying deficits in role relationships between a family and a member who has an emotional disorder, observing for impaired adjustment in a family with a member who has Alzheimer's disease, assessing a family's grief behaviors related to the impending death of a neonate with trisomy 18)
2. Analysis (for example: determining short- and long-term outcomes for impaired communication patterns in a family with abusive behavior, formulating nursing diagnoses for a family with a child who has learning disabilities due to fetal alcohol syndrome)
3. Planning (for example: developing strategies to assist a family in coping with a member who has a substance abuse disorder, determining priorities for interventions for a family with a history of violence, planning interventions for a family with a member who has an eating disorder)

4. Implementation (for example: facilitating family use of community resources for rehabilitation of a member who has an emotional disorder, supporting a family's capacity to cope with a child who becomes suicidal, teaching a family about the side effects of psychotropic medications)
5. Evaluation (for example: revising the care plan for a family with abusive behavior; reassessing the needs of a family with an adult child who is chronically mentally ill, following the death of one parent; comparing actual outcomes to expected outcomes in family adjustment in a family with a member who has autism)

C. The Community: nursing care in the community with individuals who have emotional or behavioral problems

1. Assessment (for example: identifying a knowledge deficit in a community related to the support required by individuals who have emotional problems)
2. Analysis (for example: determining short- and long-term outcomes in a community for parents of adolescents who have committed suicide)
3. Planning (for example: deciding on intervention for a community with a large population of individuals who have chronic mental illness and are homeless; collaborating with the neighborhood on expected behaviors of individuals who have organic mental disorders and are living in group homes)
4. Implementation (for example: promoting health planning and development of long-term resources in a community experiencing an increase in group homes due to deinstitutionalization; facilitating acceptance of individuals with chronic mental illness through workshops, meetings, and the media)

5. Evaluation (for example: determining the degree of community acceptance of individuals with mental retardation, evaluating strategies to foster values; clarification in a community with individuals who have chronic mental illness and who are homeless)

II. Neurological and Sensory Health Problems (20%)

This area focuses on conditions affecting the central nervous system, such as amyotrophic lateral sclerosis, cerebral palsy, cerebrovascular accident, head injury, hydrocephaly, meningitis, meningocele, migraine headache, multiple sclerosis, Parkinson's disease, seizure disorders, and spinal cord lesions or injuries; conditions affecting the peripheral nervous system, such as Guillain-Barré syndrome, myasthenia gravis, and trigeminal neuralgia; conditions affecting the sensory system, such as blindness, cataracts, deafness, detached retina, glaucoma, macular degeneration, and otitis media.

A. The Individual: nursing care of the individual with a neurological or sensory health problem

1. Assessment (for example: using objective data to determine nutritional status in a client recovering from a stroke; eliciting subjective data to identify depression in a client with Parkinson's disease; observing for early signs of increased intracranial pressure in a client with a head injury; monitoring for respiratory deterioration in a client with Guillain-Barré syndrome; identifying the symptoms of cataract development in an older adult client; using health assessment data to determine the impact of meningocele on the sensory function of a child; interviewing a client to determine the situational factors related to the onset of migraine; testing for the effects of chronic otitis media on hearing in a child; using physiological monitoring data to assess the adequacy of cerebral oxygenation following aneurysm clipping)
2. Analysis (for example: anticipating the risk of injury in a client with a seizure disorder; identifying a health management deficit in a client adjusting to the onset of a degenerative neurological condition; identifying the etiological factors of body image disturbance in a child with a neurological deficit; using appropriate defining characteristics to diagnose ineffective coping in a client with retinal detachment; using a combination of subjective data, physiological monitoring, and laboratory data to formulate nursing diagnoses for a client with amyotrophic lateral sclerosis; formulating a nursing diagnosis of fluid volume excess related to the placement of a ventriculoatrial shunt in an infant with hydrocephaly)
3. Planning (for example: identifying appropriate long-term outcomes for a child with impaired physical mobility related to cerebral palsy, developing short-term outcomes for a child with meningocele, planning priorities for a client with self-care deficits related to a visual disorder, planning outcomes for a client with spinal cord injury, involving a client in planning for the long-term impact of a cerebrovascular accident)
4. Implementation (for example: teaching preventive strategies to a client prone to migraine headaches, intervening to prevent falls in a client with visual impairment, administering fluid replacement in a child with bacterial meningitis, ensuring a nonstimulating environment for a client with the potential for increased intracranial pressure following a head injury, referring a client with sexual dysfunction related to multiple sclerosis for sexual counseling, intervening immediately to treat manifestations of autonomic dysreflexia in a client with spinal cord injury, providing a safe environment for a child during a seizure, instructing a client with a seizure disorder about the long-term management of anticonvulsant therapy, monitoring for signs and symptoms of infection in a neonate with meningocele)

5. Evaluation (for example: determining the effectiveness of an osmotic diuretic in decreasing intracranial pressure in a client with head injury, identifying the side effects of antiparkinsonian agents in a client with head injury, evaluating teaching about the medication regimen in a client with glaucoma, evaluating the effectiveness of an exercise regimen for a client with immobility related to multiple sclerosis)

B. The Family: nursing care of the family with a member who has a neurological or sensory health problem

1. Assessment (for example: using interview data to determine health management skills in a family with a child who needs developmental stimulation due to a congenital neurological condition, identifying symptoms of ineffective coping in a family with a member who has had a cerebrovascular accident, determining the level of family knowledge about providing a safe environment for a client with visual or hearing impairment)
2. Analysis (for example: anticipating the risk for social isolation in a family with a member who is developmentally delayed, using family behaviors to identify a role performance disturbance in a family with a member who has multiple sclerosis, identifying the etiological factors producing health management deficits in a family with a member with amyotrophic lateral sclerosis, using appropriate defining characteristics to diagnose impaired communication in a family with a member who has aphasia)
3. Planning (for example: identifying appropriate long-term outcomes for a family with a member who has Parkinson's disease, developing short-term outcomes for a family with an infant who has meningitis, developing a teaching plan for a family with a child who has meningomyelocele, planning priorities for a family with an infant who has newly diagnosed profound hearing loss)

4. Implementation (for example: teaching strategies for managing cognitive impairment to a family with a member who has a head injury, supporting effective coping in a family with a member who has neurological deficits due to a ruptured cerebral aneurysm, referring a family for counseling when independence-dependence issues arise in an adolescent member with hearing or visual impairment, teaching strategies to promote a safe home environment to a family with a member who has visual impairment)

5. Evaluation (for example: determining the effectiveness of teaching about a supervised exercise program in a family with a member who has multiple sclerosis, evaluating the effectiveness of nursing actions to promote growth in a family coping with a member who has idiopathic epilepsy)

C. The Community: nursing care in the community with individuals who have neurological or sensory health problems

1. Assessment (for example: assessing the effectiveness of health management in a multicultural community attempting to address the needs of individuals with neurological and sensory health problems, assessing community response to individuals requiring assistance with visual and hearing deficits)
2. Analysis (for example: identifying ineffective outcomes in a community addressing the needs of children with developmental disabilities, identifying the cultural and economic factors contributing to values conflict in a community responding to the needs of individuals with neurological deficits)
3. Planning (for example: identifying long-term outcomes for a community developing a plan to allow access for individuals with physical challenges related to neurological deficits, planning priorities for a community with a large number of older adult clients who have visual and hearing impairments)

4. Implementation (for example: developing a hospice program that is congruent with community values for individuals with terminal neurological conditions, providing a community education program to promote an understanding of epilepsy)
5. Evaluation (for example: determining the effectiveness of community services for individuals with sensory deficits, evaluating support services for families of children with degenerative neurological diseases)

III. Gastrointestinal, Genitourinary, and Reproductive Health Problems (10%)

This area focuses on conditions affecting the gastrointestinal system, such as appendicitis, biliary atresia, bowel obstruction, cholelithiasis, cleft lip, cleft palate, diverticulosis, familial polyposis, hernias, imperforate anus, inflammatory bowel diseases, megacolon, peptic ulcer, peritonitis, and tracheo-esophageal fistula; conditions affecting the genitourinary system, such as acute and chronic renal failure, benign prostatic hypertrophy, bladder injuries, congenital bladder anomalies, epispadias, exstrophy of the bladder, hydrocele, hypospadias, nephrotic syndrome, and renal calculi; conditions affecting the reproductive system, such as endometriosis, fibrocystic breast disease, impotence, infertility, Klinefelter's syndrome, ovarian cyst, and pelvic inflammatory disease.

A. The Individual: nursing care of the individual with a gastrointestinal, genitourinary, or reproductive health problem

1. Assessment (for example: identifying noncompliance with the treatment regimen in an adolescent client with Crohn's disease, observing for nutritional deficits in a client with bowel obstruction, determining fluid volume imbalance in a client on hemodialysis, identifying body image disturbance in a client requiring urinary diversion, examining the ineffective individual coping of a client with irritable bowel syndrome, assessing for self-esteem disturbance in an adolescent with Klinefelter's syndrome)
2. Analysis (for example: identifying a health management deficit in a client adjusting to treatment with continuous ambulatory peritoneal dialysis, determining fluid volume excess in a client with acute renal failure, identifying altered nutrition related to ineffective sucking in an infant with cleft palate)
3. Planning (for example: alleviating altered urinary elimination patterns in an older adult client with benign prostatic hypertrophy, minimizing ineffective breathing patterns in a client recovering from a cholecystectomy, discussing decisional conflicts in a client with infertility, reducing powerlessness in a client on long-term hemodialysis, developing a teaching plan on breast self-examination for a client with fibrocystic breast disease, establishing strategies to avoid ear and respiratory infections in an infant with cleft lip)
4. Implementation (for example: preventing impaired skin integrity in a child with nephrotic syndrome, monitoring for diarrhea in a client receiving continuous tube feedings, teaching management strategies to a client with pelvic inflammatory disease, referring a client with chronic renal failure for infertility counseling, counseling a client who has peptic ulcer disease and a pain self-management deficit, minimizing self-esteem disturbance in an adolescent client with an ileostomy, supporting the adjustment of a child with hydrocele, explaining the surgical procedure and the need for an indwelling catheter postoperatively to a child with hypospadias)
5. Evaluation (for example: exploring the effectiveness of diversional activities with a client who has inflammatory bowel disease, evaluating measures to enhance sexual function with a transurethral prostatectomy, evaluating medication management with antacids or histamine receptor antagonists in a client with peptic ulcer disease, determining the client's response to immunosuppressive therapy following a renal transplant)

B. The Family: nursing care of the family with a member who has a gastrointestinal, genitourinary, or reproductive health problem

1. Assessment (for example: identifying health management skills in a family with a member who has chronic inflammatory bowel disease, determining disturbance in role performance in a family with a child who has a congenital bladder anomaly)
2. Analysis (for example: formulating nursing diagnoses for a family with a child who has short bowel syndrome, analyzing coping strategies in a family with a member who is rejecting a recently transplanted kidney)
3. Planning (for example: developing a care plan to reduce fear in a family with a member who has acute bowel infarction and who is critically ill; establishing outcomes related to home care with a family who has a child recovering from a kidney transplant; planning strategies to limit impaired adjustment in a family with an adolescent member who has newly diagnosed pelvic inflammatory disease; preparing a teaching plan about home care, medications, and signs of fluid and electrolyte imbalance for parents of an infant with biliary atresia)
4. Implementation (for example: supporting the adjustment of a family with a member who has newly diagnosed polycystic kidney disease, fostering coping in a family with a member who has impotence, teaching a family with a member who has familial polyposis, encouraging the expression of feelings in a nonjudgmental manner when interacting with parents of an infant with Hirschsprung's disease)
5. Evaluation (for example: evaluating the effectiveness of strategies to resolve independence-dependence issues in a family with an adolescent member who requires intermittent peritoneal dialysis; evaluating the ability to perform ostomy care by a family with a member who is unable to manage self-care; evaluating understanding of the defect, plans for its repair, and long-term follow-up care in

parents with an infant who has tracheoesophageal fistula; evaluating a return demonstration of feeding and burping techniques by parents of an infant with cleft lip)

C. The Community: nursing care in the community with individuals who have gastrointestinal, genitourinary, or reproductive health problems

1. Assessment (for example: assessing the need for instruction in a community with increasing numbers of children and adults requiring long-term home parenteral nutrition)
2. Analysis (for example: identifying health management outcomes in a multicultural community with a growing number of individuals with infertility)
3. Planning (for example: collaborating with community agencies to develop a plan to meet the needs of a growing population of clients requiring home dialysis services)
4. Implementation (for example: minimizing impaired adjustment in a multicultural community with a growing population requiring home care for chronic renal failure, exploring values conflicts in a community trying to establish criteria for choosing recipients of kidney transplants)
5. Evaluation (for example: evaluating the effectiveness of community resources for families with children who have congenital anomalies)

IV. Infections and Communicable Diseases (20%)

This area focuses on infections and communicable diseases such as encephalitis, gastritis, genital herpes, helminthic infestations, hepatitis A and B, herpes zoster, influenza, Lyme disease, measles, mumps, nosocomial infections, osteomyelitis, pediculosis, pertussis, pyelonephritis, sexually transmitted diseases, staphylococcal and streptococcal infections, tuberculosis, and varicella.

A. The Individual: nursing care of the individual with an infection or communicable disease

1. Assessment (for example: identifying health management needs in a client with acute pyelonephritis, assessing for ineffective airway clearance in a client with streptococcal pharyngitis, identifying hyperthermia in a client with an infection or a communicable disease, assessing for signs and symptoms of altered nutrition in a client with a helminthic infestation)
2. Analysis (for example: determining compliance with drug therapy in a client with tuberculosis, identifying outcomes related to impaired physical mobility in a child with acute osteomyelitis, determining activity intolerance in a client with a long-term infectious process)
3. Planning (for example: planning strategies to prevent social isolation in a client with varicella, developing a teaching plan to enhance social skill development in a client with chronic pyelonephritis, determining priorities to facilitate adjustment in a client with osteomyelitis)
4. Implementation (for example: counseling a client with altered sexuality patterns related to a sexually transmitted disease, alleviating pain in a client with genital herpes, teaching about the medication regimen to a client with tuberculosis, establishing priorities in caring for a client with hepatitis)
5. Evaluation (for example: evaluating the effectiveness of antimicrobial therapy for a client with a nosocomial infection, evaluating strategies to enhance self-esteem in a client with a sexually transmitted disease, evaluating strategies to enhance self-worth in a client following confirmation of sterility resulting from mumps, revising plans to reestablish fluid balance in a client with gastroenteritis)

B. The Family: nursing care of the family with a member who has an infection or communicable disease

1. Assessment (for example: identifying health management alterations in a family with a member who has Lyme disease, assessing for health management deficits in a family with a child who has sequelae to an infectious process, formulating a nursing diagnosis of compromised family coping related to the lengthy hospitalization of an adolescent with osteomyelitis)
2. Analysis (for example: analyzing the potential for family infections when a member develops a communicable disease)
3. Planning (for example: developing a teaching plan about communicability for a family with a client who has measles, planning strategies to deal with dependence-independence issues in a family with an adolescent member who has mononucleosis)
4. Implementation (for example: minimizing role strain in a family with a member whose energy is depleted due to a long-term infection, dealing with social isolation in a family with a member who has a communicable disease)
5. Evaluation (for example: evaluating compliance with disease control measures in a family with a member who has tuberculosis, evaluating outcomes related to coping in a family with a member who has a sexually transmitted disease)

C. The Community: nursing care in the community with individuals who have infections or communicable diseases

1. Assessment (for example: assessing health management behaviors in a community with an outbreak of food poisoning)
2. Analysis (for example: analyzing knowledge of prevention in a community with a growing population of individuals who have tuberculosis)

3. Planning (for example: identifying outcomes in a community with a growing population of children who have pertussis)
 4. Implementation (for example: strengthening health management in a multicultural community attempting to address the needs of a population during an epidemic; promoting health maintenance behaviors in a community with an increase in cases of encephalitis following a measles epidemic)
 5. Evaluation (for example: evaluating strategies to resolve values conflict in a community with a growing population of individuals with sexually transmitted diseases)
2. Analysis (for example: analyzing nutritional deficits in the neonate of a client with diabetes mellitus, formulating a nursing diagnosis of fluid volume deficit in a pregnant client with dystocia, determining ineffective thermal regulation in a neonate, analyzing nutritional deficits in a neonate with necrotizing enterocolitis)
 3. Planning (for example: planning strategies to monitor for ineffective breathing pattern in a neonate with meconium aspiration syndrome, establishing priorities to maintain tissue perfusion in a pregnant client with pregnancy-induced hypertension, planning strategies to minimize hyperactivity in a neonate with narcotic abstinence syndrome secondary to maternal use of crack cocaine)

V. Complications of Pregnancy, Problems of the High-Risk Mother, and Problems of the High-Risk Neonate (15%)

This area focuses on complications of pregnancy such as abruptio placentae, cephalopelvic disproportion, dysfunctional labor, gestational diabetes, placenta previa, postpartum depression, pregnancy-induced hypertension, and stillborn neonate; problems of the high-risk mother such as adolescent pregnancy and pregnant client with a preexisting disorder; problems of the high-risk neonate such as fetal alcohol syndrome, hyperbilirubinemia, low birth weight, narcotic abstinence syndrome, and prematurity.

A. The Individual: nursing care of the individual with a complication of pregnancy, problem of the high-risk mother, or problem of the high-risk neonate

1. Assessment (for example: monitoring for toxic effects of elevated bilirubin in a neonate, identifying a health management deficit in a pregnant client with gestational diabetes, assessing the level of compliance with the therapeutic regimen in a pregnant adolescent client, identifying a deficit in sensory and social stimulation in a high-risk neonate)

4. Implementation (for example: teaching about the signs and symptoms of congestive heart failure to a pregnant client with heart disease, teaching a pregnant client about the impact of high-risk pregnancy on sexual activity, managing fluid volume deficit related to blood loss in a pregnant client with a pregnancy-related bleeding disorder, intervening to promote coping in a high-risk pregnant client during labor and delivery)
5. Evaluation (for example: evaluating the effectiveness of medication use in a pregnant client experiencing preterm labor, evaluating strategies to enhance role performance in the high-risk pregnant client, determining the effectiveness of measures to enhance self-image in a client with postpartum depression, evaluating the effectiveness of medication therapy in a compromised neonate)

B. The Family: nursing care of the family with a member who has a complication of pregnancy, or is a high-risk mother, or a high-risk neonate

1. Assessment (for example: assessing health management skills in a family with a neonate who has fetal alcohol syndrome)

2. Analysis (for example: determining delayed parent-infant attachment in a family with a preterm or sick neonate)
3. Planning (for example: preparing a teaching plan about infant growth and development for a family with a compromised neonate)
4. Implementation (for example: facilitating parenting related to prolonged hospitalization of a compromised neonate; counseling a family about roles, relationships, and lifestyles during a high-risk pregnancy; supporting grieving related to fetal or neonatal death)
5. Evaluation (for example: evaluating strategies to foster coping in a family with a preterm or compromised neonate)

C. The Community: nursing care in the community with individuals who have complications of pregnancy, or are high-risk mothers, or high-risk neonates

1. Assessment (for example: identifying health management resources in a community with high-risk neonates who require long-term care)
2. Analysis (for example: analyzing health management resources for families with neonates who are developmentally delayed)
3. Planning (for example: planning outcomes in a community with a high incidence of low-birth-weight neonates)
4. Implementation (for example: organizing support systems in a community with a large number of adolescent pregnancies)
5. Evaluation (for example: evaluating the effectiveness of community strategies to improve the outcomes of pregnancy in a high-risk multicultural population of women)

VI. Musculoskeletal Health Problems (10%)

This area focuses on conditions such as club foot, degenerative joint disease, disc problems, hip dysplasia, fractures, muscular dystrophy, osteoarthritis, osteomalacia, osteoporosis, and scoliosis.

A. The Individual: nursing care of the individual with a musculoskeletal health problem

1. Assessment (for example: using objective data to determine circulatory status in a client with compartment syndrome following a fracture, eliciting subjective data to identify body image disturbance in a client following amputation, observing for early signs and symptoms of fat embolism syndrome in a client following pelvic fracture, identifying symptoms of osteoarthritis in a client)
2. Analysis (for example: anticipating the risk of complications in an older adult client after joint replacement surgery; identifying health management deficits in a client with disc problems; identifying the etiological factors in a client with chronic pain from carpal tunnel syndrome; using a combination of subjective and objective data to formulate a nursing diagnosis for a child with muscular dystrophy; formulating a nursing diagnosis of ineffective coping related to developmental stage, altered body image, chronicity, and complex treatment protocols for an adolescent client with scoliosis; formulating a nursing diagnosis of impaired skin integrity related to a casted body part)
3. Planning (for example: identifying short-term outcomes for an infant with clubfoot; prioritizing strategies for a client with osteoporosis; planning realistic outcomes for a client with degenerative joint disease; formulating strategies for log rolling, breathing exercises, and avoidance of pulmonary complications following insertion of a Harrington rod in an adolescent client with scoliosis; developing strategies to assist a client who is having difficulty adapting to a wheelchair)

4. Implementation (for example: teaching an exercise program to a client with osteoarthritis, intervening to prevent edema in a client with a fracture treated with casting, intervening immediately to correct problems with traction in a child with musculoskeletal abnormalities, providing pain control for a client with osteomalacia)
5. Evaluation (for example: evaluating the effectiveness of strategies for maintaining mobility in a child with muscular dystrophy, determining the effectiveness of teaching about crutch walking to a client with a fractured tibia, determining the effectiveness of interventions for correcting hip dysplasia in a child)

B. The Family: nursing care of the family with a member who has a musculoskeletal health problem

1. Assessment (for example: interviewing a family to determine the effectiveness of coping following the birth of a child with clubfoot, observing family response to a member with above-the-knee amputation, assessing the knowledge level of a family with a member who has scoliosis)
2. Analysis (for example: formulating a nursing diagnosis related to home management for a family with a member who has an external fixator, determining long-term outcomes for a family with a member who has degenerative joint disease)
3. Planning (for example: developing a teaching plan for a family with an infant who has clubfoot, planning strategies for a family who must modify the home environment for a member with muscular dystrophy, determining priorities for a family with a member who is in chronic pain due to a musculoskeletal condition)
4. Implementation (for example: referring a family with an adolescent who has scoliosis for counseling when independence-dependence issues arise, teaching a family positioning

and exercise strategies for treating an infant with hip dysplasia, supporting family coping when a client requires an amputation)

5. Evaluation (for example: determining the effectiveness of teaching in a family with a member who requires surgery for degenerative disease, evaluating outcomes for a family with a member who has a musculoskeletal condition)

C. The Community: nursing care in the community with individuals who have musculoskeletal health problems

1. Assessment (for example: assessing access limitations in a community with a large population of individuals with limited mobility related to musculoskeletal conditions)
2. Analysis (for example: analyzing community support services available for individuals with chronic pain related to musculoskeletal conditions)
3. Planning (for example: planning outcomes in a community with children who have special needs related to musculoskeletal conditions)
4. Implementation (for example: organizing community counseling resources for individuals with body image changes and emotional responses related to chronic musculoskeletal conditions)
5. Evaluation (for example: evaluating strategies in a community to promote supervised exercise programs for individuals with special needs related to musculoskeletal conditions)

Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on page 41.

1. During his regular monthly appointment with the nurse at the clinic of a mental health center, a client with chronic schizophrenia says that he sometimes forgets to take his daily medication. Which alternative medication would be indicated for this client?
 - 1) fluphenazine decanoate (Prolixin)
 - 2) loxapine succinate (Loxitane)
 - 3) thioridazine hydrochloride (Mellaril)
 - 4) trifluoperazine hydrochloride (Stelazine)
2. Which client behavior best indicates that trust has been established between a primary nurse and a client who is socially withdrawn?
The client
 - 1) takes a walk with the nurse.
 - 2) attends unit activities with the nurse.
 - 3) sits with the nurse in the day area.
 - 4) discusses past life experiences with the nurse.
3. A client with a panic disorder reports that her heart is racing, she has difficulty breathing, and she feels as if she is about to die. The nurse observes that the client is trembling, is restless, and has difficulty staying focused when questioned about her symptoms. Which is the best immediate nursing intervention for this client?
 - 1) Arrange for the client to be transported to the emergency department for medical evaluation.
 - 2) Lead the client in using relaxation and visual imagery techniques to reduce her anxiety.
 - 3) Attempt to distract the client from her anxiety by suggesting that she work on her needlework project.
 - 4) Use a calm but firm manner and have the client follow a deep-breathing exercise.
4. Which nursing measure will best decrease the danger of malnutrition as a complication of acute mania in a client?
 - 1) Encourage small frequent feedings.
 - 2) Provide three substantial meals daily.
 - 3) Allow frequent finger foods.
 - 4) Administer nutritional supplements.
5. Which information should be included in the discharge teaching plan for a client with epilepsy who experiences generalized tonic-clonic seizures?
 - 1) Prescribed medications should be taken regularly, but should be withheld during acute illness.
 - 2) Precipitating factors for seizure activity include increased stress, insomnia, and alcohol use.
 - 3) Increasing lethargy and decreasing level of consciousness will occur up to 48 hours following a seizure.
 - 4) If an aura is experienced, lie down to prevent the airway from occluding.
6. Which statement by a family member indicates that discharge teaching about nutritional intake for a client with amyotrophic lateral sclerosis has been effective?
 - 1) "We'll give him plenty of fluids to wash down his food."
 - 2) "We'll serve him dry foods that are easy to swallow."
 - 3) "We'll feed him after placing him in an upright position with his neck slightly extended."
 - 4) "We'll leave him in an upright position for 15 to 30 minutes after he eats."

7. Which nursing action is most appropriate for a client who has expressive aphasia following a left hemisphere cerebrovascular accident?
 - 1) Encourage the client to speak clearly.
 - 2) Obtain a picture board and show the client how to use it.
 - 3) Allow the client time to speak, and then correct any errors.
 - 4) Teach the client facial muscle exercises.
8. Which long-term outcome is appropriate for a client with early Parkinson's disease?
The client will
 - 1) continue to participate in usual activities.
 - 2) institute measures to prevent diarrhea.
 - 3) begin looking at alternative living arrangements.
 - 4) maintain a regular diet with protein supplements.
9. Which is the most appropriate preoperative nursing diagnosis for a six-week-old infant with pyloric stenosis?
 - 1) impaired adjustment related to a congenital anomaly
 - 2) impaired tissue integrity related to age
 - 3) fluid volume deficit related to vomiting
 - 4) pain related to peristalsis
10. A client with end-stage renal disease is receiving intermittent peritoneal dialysis. Which intervention should the nurse carry out to prevent peritonitis?
 - 1) Use strict aseptic technique when adding exchanges or emptying drainage containers.
 - 2) Carefully monitor the client's lung sounds and apical pulse after each exchange.
 - 3) Move the client from side to side during drainage to prevent stagnation of dialysate.
 - 4) Calculate the status of the client's fluid balance at the end of each exchange.
11. In formulating a plan of care for the family of an 80-year-old client who is cognitively impaired and who has functional incontinence, the nurse should include which instruction?
 - 1) Limit the client's fluids to 500 cc per day and give fluids only with meals.
 - 2) Remind the client to go to the bathroom every two hours, after meals, and before bedtime.
 - 3) Keep a portable commode or bedpan near the client's bed.
 - 4) Encourage the family to use adult undergarments rather than diapers to deal with the client's incontinence.
12. The nurse teaches the family of a child with pinworms how to prevent transmission to other family members. Which behavior indicates that the teaching was effective?
 - 1) The bathroom is disinfected daily.
 - 2) Dishes are sterilized with boiling water after use.
 - 3) Bed linen is washed frequently and carefully.
 - 4) Disinfectant soap is used for showers daily.
13. A child with varicella returns to day camp two days after the initial rash appears, with a note from the parent stating that the rash is not bothering the child. How should the camp nurse intervene?
 - 1) Keep the child in the nurse's office for the day to evaluate the characteristics of the rash.
 - 2) Allow the child to return to the camp group because primary transmission occurs before the vesicles appear.
 - 3) Return the child to the camp group only after determining if the counselor is immune to the disease.
 - 4) Call the parent to discuss the period of communicability of the disease and have the child taken home.

14. The nurse is evaluating a four-year-old child who has been on continuous IV antibiotic therapy for one week for treatment of osteomyelitis of the left tibia. Which finding indicates that the child is still in the acute phase of the illness?

The child

- 1) requires a leg splint while he sleeps.
 - 2) needs to use a wheelchair to go to the activity room.
 - 3) complains of a pain in his leg when he turns in bed.
 - 4) allows passive range-of-motion exercise but resists active range-of-motion exercise.
15. Which intervention should be included in the teaching plan for a pregnant woman who has Class II heart disease and who is in the third trimester?
- 1) Promote Lamaze breathing in preparation for delivery without anesthesia.
 - 2) Provide the rationale for the significance of penicillin prophylaxis during labor.
 - 3) Explain that bed rest for much of each day will be necessary for one month following delivery.
 - 4) Tell the client that breast-feeding is contraindicated.
16. The nurse is caring for a client who is in labor at 39 weeks of gestation. Baseline vital signs on admission were FHR 140, BP 110/50, P 70. The client has a confirmed placenta previa and a history of one bleeding episode 10 days prior to admission. Which outcome criteria indicate that the care plan for this client has been effective?
- 1) urinary output 25 ml per hour
 - 2) no visible vaginal bleeding
 - 3) FHR 130, BP 120/70, P 80
 - 4) FHR 180, BP 80/50, P 100

17. The nurse is providing supportive care to a couple who have been told that their neonate has trisomy 21. The mother says that they are shocked and they cannot believe it. Based on the client's remarks, which conclusion should the nurse draw?

- 1) Nursing interventions have been inadequate.
- 2) The couple are in a normal phase of grieving.
- 3) Further referrals are necessary.
- 4) The mother is not bonding with the neonate.

18. Which finding should alert the nurse to a potential neurological problem in a child who is in skeletal traction for treatment of a fractured femur?

- 1) itching around the pin site
- 2) numbness and tingling of the toes
- 3) weak femoral pulse
- 4) warm, puffy toes

19. To prevent dislocation in a client recovering from a total hip replacement, how should the nurse position the client's legs?

- 1) adducted with hip flexion less than 90°
- 2) adducted with hip flexion greater than 90°
- 3) slightly abducted with hip flexion less than 90°
- 4) slightly abducted with hip flexion greater than 90°

20. The nurse teaches a client how to control swelling after surgery for carpal tunnel syndrome. Which action by the client indicates that the teaching was effective?

The client

- 1) places a heating pad on the incision area.
- 2) wraps the area involved with an elastic bandage.
- 3) minimizes movement of the affected wrist and fingers.
- 4) applies intermittent ice packs to the surgical area.

Learning Resources for Health Restoration: Area II

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 22. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Recommended Resources

Black, J., & Matassarin-Jacobs, E. (1997). *Medical-surgical nursing: Clinical management for continuity of care* (5th ed.). Philadelphia: W. B. Saunders.

Haber, J. et al. (1997). *Comprehensive psychiatric nursing* (5th ed.). St. Louis: Mosby.

Ignatavicius, D. et al. (1999). *Medical-surgical nursing across the health care continuum* (4th ed.). Philadelphia: W. B. Saunders.

Lowdermilk, D., Perry, S., & Bobak, I. (2000). *Maternity and women's health care* (7th ed.). St. Louis: Mosby.

Olds, S., London, M., & Ladewig, P. (2000). *Maternal newborn nursing: A family and community-based approach* (6th ed.). Menlo Park, CA: Addison-Wesley.

Smeltzer, S., & Bare, B. (1996). *Brunner and Suddarth's Textbook of medical-surgical nursing* (8th ed.). Philadelphia: J. B. Lippincott.

Wilson, H., & Kneisl, C. (1996). *Psychiatric nursing* (5th ed.). Menlo Park, CA: Addison-Wesley.

Wong, D. (1999). *Whaley & Wong's Nursing care of infants and children* (6th ed.). St. Louis: Mosby.

Additional Resources

Textbooks

These textbooks are suggested to supplement your understanding of the material learned from the recommended resources.

Carpenito, L. (1997). *Nursing diagnosis: Application to clinical practice* (7th ed.). Philadelphia: J. B. Lippincott.

Chenitz, W., Stone, J., & Salisbury, S. (1991). *Clinical gerontological nursing: A guide to advanced practice*. Philadelphia: W. B. Saunders.

Friedman, M. (1992). *Family nursing: Theory and practice* (3rd ed.). Norwalk, CT: Appleton & Lange.

George, J. (1995). *Nursing theories: The base for professional nursing practice* (4th ed.). Norwalk, CT: Appleton & Lange.

Giger, J., & Davidhizar, R. (1995). *Transcultural nursing: Assessment and intervention* (2nd ed.). St. Louis: Mosby.

Kuhn, M.A. (1998) *Pharmacotherapeutics: A nursing process approach* (4th ed.). Philadelphia: J.B. Lippincott.

Stanhope, M., & Lancaster, J. (1996). *Community health nursing: Promoting health of aggregates, families, and individuals* (4th ed.). St. Louis: Mosby.

Journal Articles

The articles listed below are arranged according to the content area to which they most apply. Journal articles are an important supplementary resource because they address those issues that are of interest to practicing nurses and provide “real world” examples of how the theory found in textbooks can be applied to actual clinical situations. The articles listed were selected because they are most current and particularly relevant to the content covered by this examination. Because journal articles tend to be written in a simple, straightforward manner, you may find them useful in explaining or expanding upon difficult concepts. You may also find them helpful in providing an “inside view” into unfamiliar areas of nursing practice. You are encouraged to read widely; you may find other articles of interest.

I. Emotional and Behavioral Problems

- Badger, J. M. (1994). Calming the anxious patient. *American Journal of Nursing*, 94(5), 46–50.
- Basolo-Kunzer, M. (1994). Caring for families of psychiatric patients. *Nursing Clinics in North America*, 29(1), 73–79.
- Beck, C. K. et al. (1994). Interventions in treating disruptive behavior in demented elderly people. *Nursing Clinics in North America*, 29(1), 143–155.
- Hancock, C. K. et al. (1994). Altered thought processes and sensory perceptual alterations: A critique. *Nursing Diagnosis*, 5(1), 26–30.
- Manss, V. C. (1994). Effective communication: Gender issues. *Nursing Management*, 25(6), 79–80.
- Sommers, M. S. (1994). Alcohol and trauma: The critical link. *Critical Care Nurse*, 14(2), 82–93.
- Staples, P. et al. (1994). Empowering the angry patient. *Canadian Nurse*, 90(4), 28–30.

II. Neurological and Sensory Health Problems

- Cochran, I. et al. (1994). Stroke care: Piecing together the long-term picture. *Nursing* 94, 24(6), 34–42.
- Held, J. L. (1994). Identifying spinal cord compression. *Nursing* 94, 24(5) 28.
- Kelley, C. et al. (1994). Betaseron: The new MS treatment. *Journal of Neuroscience Nursing*, 26(1), 52–56.
- Prendergast, V. (1994). Current trends in research and treatment of intracranial hypertension. *Critical Care Nursing Quarterly*, 17(1), 1–8.
- Robertson, M. T. (1994). Michael's scrapbook...how one nurse gave her husband's caregivers a sense of the man inside the patient...Amyotrophic Lateral Sclerosis. *Nursing* 94, 24(5), 64.
- Roccograndi, J. F. et al. (1993). Managing AIDS-related meningitis. *RN*, 56(11), 36–39.

III. Gastrointestinal, Genitourinary, and Reproductive Health Problems

- Keltz, M. D. et al. (1993). Diagnostic and therapeutic options in endometriosis. *Hospital Practice*, 28(10A), 15–22.
- Murphy, D. et al. (1994). Mechanical lithotripsy. *Gastroenterological Nursing*, 16(5), 204–209.
- Strohschein, B. L. et al. (1994). Continuous venovenous hemodialysis. *American Journal of Critical Care*, 3(2), 92–101.

IV. Infections and Communicable Diseases

- Boutotte, J. (1994). What to do if you've been exposed to TB. *Nursing* 94, 24(6), 26.
- Erickson, M. J. (1994). Chlamydial infections: Combating the silent threat. *American Journal of Nursing*, 94(6), 16B–16F.
- Margolis, H. S. (1993). Prevention of acute and chronic liver disease through immunization: Hepatitis B and beyond. *Journal of Infectious Diseases*, 168(1), 9–14.
- Mertz, G. J. (1993). Epidemiology of genital herpes infection. *Infectious Diseases Clinics in North America*, 7(4), 825–839.

V. Complications of Pregnancy, Problems of the High-Risk Mother and Problems of the High-Risk Neonate

- Barnes, L. P. (1994). Gestational diabetes: Teaching aspects of self-care. *American Journal of Maternal/Child Nursing*, 19(3), 175.
- McFarlin, B. C. (1994). Intrauterine growth retardation: Etiology, diagnosis and management. *Journal of Nurse-Midwifery*, 39(2), Suppl, 525–655, 35–85.
- Redding, B. A. et al. (1993). Perinatal substance abuse: Assessment and management of the pregnant woman and her children. *Nurse Practice Forum*, 4(4), 216–225.
- Roberts, J. (1994). Current perspectives on preeclampsia. *Journal of Nurse-Midwifery*, 39(2), 70–90.

VI. Musculoskeletal Health Problems

- Carr, B. R. et al. (1993). A real-world approach to osteoporosis. *Patient Care*, 27(8), 31–38.
- Lester, V. S. et al. (1993). Total knee arthroplasty: Indications, preparation, procedure. *Association of OR Nurses Journal*, 58(4), 731–746.
- Meadows, L. L. (1994). Pediatric management problems. *Pediatric Nursing*, 20(2), 168–169.

Excelsior College Examination Development Committee in Health Restoration: Area II

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Key To Sample Questions for Health Restoration: Area II

Question	Key	Content Area ¹	Question	Key	Content Area ¹
1	1	IA5	11	2	IIIB3
2	4	IA	12	3	IVB
3	4	IA4	13	4	IVC4
4	3	IA3	14	3	IVA5
5	2	IIA1	15	2	VA4
6	4	IIB2	16	3	VA2
7	2	IIA4	17	2	VB5
8	1	IIA2	18	2	VIA2
9	3	IIIA2	19	3	VIA4
10	1	IIIA4	20	4	VIA5

¹Content Area refers to the location of the question topic in the content outline.

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American Dream†	6*	Differences in Nursing Care: Area B①.	5
Anatomy & Physiology†	6	Differences in Nursing Care: Area C②.	5
English Composition†.	6	Fundamentals of Nursing**	8
Ethics: Theory & Practice†	3*	Maternal & Child Nursing (associate)**	6
Foundations of Gerontology	3*	Maternity Nursing**	3
History of Nazi Germany†.	3*	Nursing Concepts 1.	4
Life Span Developmental Psychology†	3	Nursing Concepts 2.	4
Microbiology†.	3	Nursing Concepts 3.	4
Organizational Behavior	3*	Occupational Strategies in Nursing②	3
Pathophysiology	3*		
Psychology of Adulthood & Aging	3*	Nursing: Baccalaureate Level	
Religions of the World†.	3*	Adult Nursing**	8*
Research Methods in Psychology†	3*	Health Restoration: Area I.	4*
Statistics†	3	Health Restoration: Area II	4*
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